

Addiction and Recovery Treatment Services Discharge Summary Note

Return the completed form back to HealthKeepers, Inc. within one business day of the Anthem HealthKeepers Plus member's discharge by using our preferred method via Availity at <https://www.availity.com> or via fax at 1-877-434-7578.

Today's date:				
Member information				
Member name:				
Member ID/reference number:			Member DOB:	
Member address:				
Member phone number:				
Other contact information (for example, mobile phone, family member or guardian):				
Discharge/facility information				
Name of facility:			Facility NPI:	
Facility address:				
Facility phone number:			Discharge date:	
Was this discharge against medical advice (AMA)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was discharge information sent to the PCP? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was discharge plan discussed with the member? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If required for a minor, was informed consent for psychotherapeutic medication completed and given to parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Were any of the following included in the discharge plan? (Check all that apply.)				
	Yes	No	Accepted	Refused
Skilled nursing facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisted living facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Targeted case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioid treatment service — OTP/OBOT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential — 3.1 to 3.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial hospitalization/IOP/OP — 2.0 to 2.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other — includes recovery supports (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge diagnoses (All)				

<https://medproviders.anthem.com/va>

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Discharge medications (Include medications and doses for all conditions.)

Are these medications on the formulary or do they require precertification? Yes No

Has precertification been received if needed? Yes No

Risk assessment (Was the member stable at discharge and not at risk for suicide, homicide, psychosis, etc.? If yes, explain.)

Discharge appointment (must be within seven days)

Provider name: In-network provider: Yes No

Provider contract number: Tax ID number:

Appointment date: Appointment time:

Describe any barriers to attending this appointment:

Submitted by: Phone number: